CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST	MI 	OFFICE USE ONLY Date Received 3:41 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME 7 CAMPAIGN TREASURER ADDRESS	Berlanga ADDRESS / PO BOX; APT / SUITE #; CITY; 6502 Ponil Creek Dr. Corpus Chris AREA CODE PHONE NUMBER (361) 779-9392 MS / MRS / MR FIRST Elaine NICKNAME LAST Carter STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 3229 Kennsington Ct. Corpus Chr	EXTENSION MI SUFFIX CITY; STATE;	DANA BARRERA Bate Hand Develor of Postria Methods, Texas Deputy Receipt # Amount Date Processed Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 779-9392	EXTENSION	
9 REPORT TYPE 10 PERIOD	January 15 30th day before election July 15 8th day before election Month Day Year	Runoff Exceeded \$500 limit Month Day	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
COVERED	07 / 01 / 2014 THROUGH	09 / 25	
11 ELECTION	Month Day Year ELECTION TYPE 11 / 04 / ELECTION TYPE Primary	Runoff	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Judge	

GO TO PAGE 2

2014-136

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Ma	ry Helen	Berlanga ¹	5 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME n/a COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$20,496.17
EXPENDITURE TOTALS	3. TOTAL F	OLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEM	11ZED \$-0-
	4. TOTAL	POLITICAL EXPENDITURES	\$15836.71
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DORTING PERIOD	\$6090.90
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 10,750.36
18 AFFIDAVIT			
8 Mota	ARTA P. VILLARREA iry Public, State of Te. y Commission Expire: 06/09/2018	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officeholder
AFFIX NOTARY STAN	IP / SEAL ABOVE		
Sworn to and sub		me, by the said Mary Helen Berlanga	, this the
6th day	of October	, 20 14 , to certify which, witness n	ny hand and seal of office.
Marka P Signature of officer adm	Way ook inistering oath	Marta P. Villarveal Printed name of officer administering oath	2:35 p.m Title of officer administering oath

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
4 Date			7 Amount of	8 In-kind contribution
)	contribution (\$)	description (if applicable)
07/21/2014	Minerva Arriaga		50	l r
	6 Contributor address; City; State; Zip Code			
	3636 S. Alameda, Ste #193			
, s	Corpus Christi, TX 78411			
				of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution
07/31/2014	Mario A. Martinez, M.D.			description (if applicable)
8	Contributor address; City; State; Zip Code		1000	
	3829 Saratoga Blvd, Ste B			
	Corpus Christi, TX 78415			[№]
	Corpus Chilou, 17, 70-10		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
99 Saratoga Blvd., Ste B				
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
07/28/2014	IBEW PAC Voluntary Fund		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		2000	1
(I	900 Seventh St. N.W.			1
	Washington, D.C. 20001		· ·	1
	Washington, D.O. 20001		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		
		**	"),	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
07/31/2014	Males Hankson		contribution (\$)	description (if applicable)
0.,0.,20	Mike Westergm Contributor address; City; State; Zip Code		250	i I
	2033 18th St.			1
				l î
	Corpus Christi, TX78404		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See		or rexas, complete ochedule 1)
	*	V9 63 V9	V9	0
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
08/30/2014	MINISTER MAY EXCONENT	/	contribution (\$)	description (if applicable)
00/00/2014	Mary Jo O'Rear		100	i Ī
	Contributor address; City; State; Zip Code			l ĭ
	3946 Kingston			
	Corpus Christi, TX 78415		(If troval autoids	of Toyon, complete Cabadala T
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
	s 96	# 0# 00 MEST TO		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	
2 FILER NAME	Management of the service from the forest of the first the least of the lea		3 ACCOUNT # (Et	hics Commission Filers)
Mary Helen	Rerlanga			
4 Date	5 Full name of contributor Gout-of-state PAC(ID#)	7 Amount of	8 In-kind contribution
08/13/2014			contribution (\$)	description (if applicable)
10/13/2014	Gloria M. Riddle		45	
	6 Contributor address; City; State; Zip Code			
	7022 Brandon			
	Corpus Christi,TX 78413			of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	and the second s
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution description (if applicable)
09/24/2014	Esther Read		contribution (\$)	describuori (ii abbiicanio)
00) = 11=0 1	Contributor address; City; State; Zip Code	* * * * * * * * * * * * * * *	90	
	133 Kush Lane			
	Corpus Christi, TX 78404			
	-		The second state of the second	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
08/24/2014	Dalinda M. Avelar Contributor address; City; State; Zip Code	x x x x x x x x x x	45	
	6130 Pebble Beach Corpus Christi, TX 78413			
	Colpus Chilisti, 1X 70413			of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution description (if applicable)
08/24/2014	Nelida Ortiz		contribution (\$)	describition (ii applicable)
00/24/2014	Contributor address: City; State; Zip Code		45	
	7218 Pharaoh Dr.			
	Corpus Christi, TX 78412			
		1 (7)		of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See	(Instructions)	
Date	Full name of contributor out-of-state PAC (ID#.) Amount of contribution (\$)	In-kind contribution description (if applicable
08/13/2014	Sylvia C. Wilson		135	Ī
BACK PARKET	Contributor address; City; State; Zip Code	3		
	4514 Bluefield Dr.			
Name of the last o	Corpus Christi, TX 78413		different applied	e of Texas, complete Schedule T)
Dringing 1 and	tupation / Job title (See Instructions)	Employer (Se		o or render, compress perrodule 17
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A.
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)
4 Date 08/15/2014	5 Full name of contributor out-of-state PAC(ID#_Sylvia S. Benavides 6 Contributor address; City; State; Zip Code 7601 Sauve Terra Corpus Christi, TX 78415			8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date 08/14/2014	Full name of contributor out-of-state PAC (ID#_ Patsy Perez Contributor address; City; State; Zip Code PO Box 60962 Corpus Christi, TX 78466)	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		
Date 08/21/2014	Full name of contributor		Amount of contribution (\$) 60	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 08/26/2014	Full name of contributor		Amount of contribution (\$) 45	In-kind contribution description (if applicable) In-kind contribution description (if applicable) In-kind contribution description In-kind contribution
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 08/27/2014	Full name of contributor out-of-state PAC (ID#_Norma L. Alaniz Contributor address; City; State: Zip Code 230 Cape Hatteras Dr. Corpus Christi, TX 78412		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See		
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P.O. Box 12070

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
08/27/2014	Frances R. Brown-Powell		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		40	
	2049 17th St.			
	Corpus Christi, TX 78404		Aft travel outside o	of Texas, complete Schedule T)
9 Principal occup	Dation / Job title (See Instructions)	10 Employer (See I		Trovas, complete conclude 17
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
08/21/2014	Mrs. Erich Wendl		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	W R SE N W W W W W	45	
	28 Camden Place			
	Corpus Christi, TX 78412			
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
r mapa vooa	yanar voor die (ood manastans)	2111110301 (2700)	non a oriento y	
Date	Full name of contributor cut-of-state PAC (IC#)	Amount of	In-kind contribution
08/11/2014	Linda L. Gonzalez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		100	
-	4009 D Oak Forest Dr.			
	Corpus Christi, TX 78413		(If traval outside	of Towar, complete Schoolute T1
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(ID#)	Amount of	In-kind contribution
08/27/2014	Sally Garcia		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		30	.,
	135 Lakeshore Dr.			
	Corpus Christi, TX 78413		(If trough outside	of Toyon, complete Schoolule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amountof	In-kind contribution
08/27/2014	Rosa E. Villarreal		contribution (\$)	description (if applicable)
	Contributor address; City; State: Zip Code		18	
	7033 E. Brandon Dr.			
	Corpus Christi, TX 78413			
Principal occu	pation / Job title (See Instructions)	Employer (See	The state of the s	of Texas, complete Schedule T)
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)
4 Date 08/26/2014 9 Principal occur	5 Full name of contributorout-of-state PAC (ID#Alfred Jackson 6 Contributor address; City; State; Zip Code 1811 Kirby Houston, TX 77019 pation / Job title (See Instructions)	10 Employer (See		8 In-kind contribution description (if applicable)
Date 08/21/2014	Full name of contributor		Amount of contribution (\$) 1000	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	The state of the s	or reads, comprete schedule ()
Date 08/24/2014	Full name of contributor		Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I		
Date 08/21/2014	Full name of contributor out-of-state PAC(ID#_S. Prezas Contributor address; City; State; Zip Code 140 Lakeshore Dr. Corpus Christi, TX 78413)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	oation / Job title (See instructions)	Employer (See I		of Texas, complete Schedule T)
Date 08/22/2014	Full name of contributor out-of-state PAC(ID#_ Peter N. Steiner Contributor address; City; State: Zip Code 2727 Morgan Corpus Christi, TX 78405		Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
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SCHEDULE A

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2 FILER NAME		- VAI - III - EVI-MAINUS VIII - OLIO - III - OLIO - III - OLIO -	3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
4 Date			7 Organist of	D 1- 0
08/15/2014		1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
00/13/2014	Patricia Boone		45	
	6 Contributor address; City; State; Zip Code			
	4213 Driftwood			
	Corpus Christi, TX 78411			
O Drivatani as ava			·	of Texas, complete Schedule T)
9 Fincipal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date			ſ	}
	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/22/2014	Elena Mendieta			describrion (in abbiicable)
	Contributor address; City; State; Zip Code		45	
	618 Philomena Dr.			
	Corpus Christi, TX 78412			
				of Texas, complete Schedule T)
Principal occup	oation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
08/22/2014	Alma G. Ornelas		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		45	
	4317 Biltmore Dr.		ST. Special	
	Corpus Christi, TX 78413			
	001pus 011110u, 174 70-710		(If travel outside (of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Transa, compate contacto ()
Date	Full name of contributor out-of-state PAC(ID#	γ	Amount of	In-kind contribution
08/23/2014	Sally Garcia		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	8 8 80 F x x x x x x	90	
	135 Lakeshore Dr.			
	Corpus Christi, TX 78413			
	Corpus Critisti, 1X 70413		(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		a raxed, complete defletate iv
Date	Full name of contributor 🔲 out-of-state PAC (ID#_)	Amount of	In-kind contribution
08/22/2014	Mrs Rufino Garcia III		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	K 100 0 K K K 100 0 K K	45	
	609 Brock Dr.	and the second s	1	
	Corpus Christi, TX 78412	Adjuly Famous	1	
	Oorpus Offisti, TA 10412		 (If travel outside o	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I		serificia de legitic ()

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME		- Control Control of the Land Sport Land Representatives and the Land Control of the L	3 ACCOUNT # (E	thics Commission Filers)
Mary Heler	n Berlanga			
4 Date 08/20/2014	5 Full name of contributorout-of-state PAC(ID#_Nora A. Garcia 6 Contributor address; City: State: Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	225 Amistad			
	Corpus Christi, TX 78404		//f-t-en-al-ahaid-	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Acceptance bearing the second	of Texas, complete Schedule T)
Date	Full name of contributor use-of-state PAC (ID#:	1	A	
08/20/2014	Mary Helen Jahnke		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		45	
And a second sec	6529 Picante Dr.			
	Corpus Christi, TX 78414		/16 house I made de	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (IC#	1	Amount of	In-kind contribution
08/19/2014	Consuelo Munoz Contributor address; City; State; Zlp Code		contribution (\$)	description (if applicable)
	7330 McArdle Rd #5 Corpus Christi, TX 78412			
Dringle of accu	Total Lab May (Co. L. J. J.		C	of Texas, complete Schedule T)
Fillidipai occu	pation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/20/2014	Maria Olga Rodriguez Contributor address; City; State; Zip Code	5161 3 8 8 8 8 8 8 8	50	description (if applicable)
	5313 St. Andrews Corpus Christi, TX 78413			
			(if travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
08/23/2014	Matilda D. Saenz		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		133	
	4007 Goodfellow Dr. Dallas, TX 75229			
Drinoinal ac-			The state of the s	i of Texas, complete Schedule T)
rancipal occul	pation / Job title (See Instructions)	Employer (See I	nstructions)	
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SCHEDULE A

The	Instruction Guide explains how to complete this	s form,	1 Total pages Sch	edule A:
2 FILER NAME Mary Helen	Berlanga	Commission (promoted promoted	3 ACCOUNT # (E	thics Commission Filers)
4 Date 08/22/2014	5 Full name of contributorout-of-state PAC(ID#_ Celia Reyes-Acuna MD 6 Contributor address; City; State; Zip Code 4444 S. Staples St Corpus Christi, TX 78411		7 Amount of contribution (\$) 100	8 In-kind contribution description (if applicable)
9 Principal occup	nation / Job title (See Instructions)	10 Employer (See	The same of the sa	The state of the s
Date 08/23/2014	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occup	oation / Job title (See Instructions)	Employer (See I		- 10xes, complete ouredate 17
Date 07/31/2014	Full name of contributor out-of-state PAC (ID#_William H. White Contributor address; City; State; Zip Code 101 Stablewood Ct Houston, TX 77024		Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Principal occup	nation / Job title (See Instructions)	Employer (See I	<u> </u>	of Texas, complete Schadule T}
Date 08/21/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 08/22/2014	Full name of contributor		Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	nedule A:
2 FILER NAME Mary Heler		Control of Section (Control of Section Control of S	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 08/27/2014	5 Full name of contributor out-of-state FAC (ID#_Ruben A. Bonilla 6 Contributor address; City; State; Zip Code 2727 Morgan Ave. Corpus Christi, TX 78405)	7 Amount of contribution (\$) 45	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		or rexas, complete dericade ()
Date 08/27/2014	Full name of contributor		Amount of contribution (\$) 450	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date 08/25/2014	Full name of contributor ☐ out-of-state PAC(ID#_ Dr. Alvaro J. Ramos, MD Contributor address; City; State; Zip Code PO Box 6748 Corpus Christi, TX 78466		Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See		
Date 08/16/2014	Full name of contributor out-of-state PAC(ID# Dr. Edgar L. Cortes Contributor address; City; State; Zip Code 27 Camden Pl Corpus Christi, TX 78412)	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occuj	oation / Job title (See Instructions)	Employer (See I		
Date 08/26/2014	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$) 315	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	nedule A:
2 FILER NAME Mary Helen	Berlanga	The State of	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 08/25/2014	5 Full name of contributorout-of-state PAC(ID#_AbdoIrhim Aminzadeh 6 Contributor address; City: State; Zip Code PO Box 81445 Corpus Christi, TX 78468		7 Amount of contribution (\$) 400	8 In-kind contribution description (if applicable)
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See		or rexes, complete ochequie ()
Date 08/27/2014	Full name of contributor out-of-state PAC (ID#_Gloria E. Adamez Contributor address; City; State; Zip Code 7013 Keystone Dr. Corpus Christi, TX 78413	, , , , ,	Amount of contribution (\$) 45	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date 08/27/2014	Full name of contributor		Amount of contribution (\$) 45	In-kind contribution description (if applicable) In-kind contribution description (if applicable) In-kind contribution description descr
Principal occup	nation / Job title (See Instructions)	Employer (See I		17
Date 08/27/2014	Full name of contributor ut-of-state PAC(ID#_Alma G. Ornelas Contributor address; City: State; Zip Code 4317 Biltmore Dr. Corpus Christi, TX 78413		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 08/26/2014	Full name of contributor Dut-of-state PAC(ID#_Mrs. Eduardo Garana Contributor address; City; State; Zip Code 6229 St Denis St. Corpus Christi, TX 78414		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
		235-079-07-00-00-00-00-00-00-00-00-00-00-00-00-	TAN STATE OF THE S	The state of the s

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SCHEDULE A

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2 FILER NAME	PANALISM AND EXCEPTION OF THE PANALISM AND		3 ACCOUNT # (E	Ethics Commission Filers)	
Mary Helen	Berlanga				
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	1	7 Amount of	8 In-kind contribution	
08/27/2014	Dori Contreras Garza	***************************************	contribution (\$)	description (if applicable)	
			25		
	6 Contributor address; City; State; Zip Code				
	130 E. Sunflower Ave.				
	MC Allen, TX 78504		(If travel outside	of Texas, complete Schedule T)	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	Instructions)		
			1700		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
08/27/2014	Della Berlanga		1000	description (it applicable)	
	Contributor address; City; State; Zip Code		45		
	7001 Abcote Dr.				
	Corpus Christi, TX 78413				
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
	and the time to the transfer of the transfer o	Employer (Gee)	manucions)		
Date	Full name of contributor out-of-state PAC (ID#_)	Amount of	In-kind contribution	
08/26/2014	Ann M. Jaime		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		90		
	106 Ocean Way St.			1	
	Corpus Christi, TX 78411				
			(If travel outside	of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of contributor ut-of-state PAC(ID#.	1	Amount of	In-kind contribution	
08/27/2014	Barbara Cline	,	contribution (\$)	description (if applicable)	
00,21,2011	Contributor address; City: State: Zip Code		45		
	PO Box 8396				
	Corpus Christi, TX 78468		The second secon		
	Corpus Offist, 1X 70400		(If travel outside	} of Texas, complete Schedule T)	
Principal occup	pation / Job title (See Instructions)	Employer (See I			
Date	Full name of contributor out-of-state PAC (ID#:	Š.	Amount of	In-kind contribution	
08/27/2014	Graciela B. Saenz		contribution (\$)	description (if applicable)	
00,21,2017	Contributor address; City; State; Zip Code		45	1	
	4322 Pecan Valley Dr.				
	Corpus Christi, TX 78413		6 5		
	Corpus Offisi, 17 70413		(If travel outside	of Texas, complete Schedule T)	
Principal occup	eation / Job title (See Instructions)	Employer (See I			
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
08/27/2014	ACCUSED BY 200 00-240		contribution (\$)	description (if applicable)
	Obdulia Siracusa		90	
	6 Contributor address; City; State; Zip Code			i
E	442 Coral Place			1
	Corpus Christi, TX 78411		(If travel outside	l of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
08/27/2014	Lucy G. Acuna		7. S	(ii applicable)
4.	Contributor address; City; State; Zip Code	* * * * * * * * * *	45	
	15322 Bonassa Ct. No. 604			
	Corpus Christi, TX 78418			ĺ
			And the second s	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (Employer (See	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
08/27/2014	Gina Benavides		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		90	1
	2021 "V W. Court			Ĩ
	McAllen, TX 78504			Ì
	A CONTRACTOR OF		(If travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
08/27/2014	Mrs Ernesto H. Guido		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	* * * * * * * * * * * * * * * * * * * *	45	
	6118 Boca Raton Dr.			1
	Corpus Christi, TX 78413			!
-		-	(If travel outside	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See		Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
08/27/2014	Elida G. Cuellar		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		45	ļ·
	5101 Bromley			1
	Corpus Christi, TX 78413			1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	

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SCHEDULE A

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2 FILER NAME		WOODLOOKS HERE IN HERE WAS A STREET OF THE S	3 ACCOUNT # (E	thics Commission Filers)
Mary Helen	Berlanga			
4 Date	5 Full name of contributorout-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
08/25/2014	Alicia Perez		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		45	
	175 Kush Ln			F. Control of the Con
	Corpus Christi, TX 78404			
			(If travel outside	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor)	Amount of	In-kind contribution
08/25/2014	Leticia P. Rodriguez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	*) 140 Y * * * * * ** ** * *	45	
	426 Cape Lookout Dr.			
	Corpus Christi, TX 78412			
			(If travel outside o	i of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor)	Amount of	In-kind contribution
08/27/2014	Maria Jimenez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50	
	422 Naples St.			
	Corpus Christi, TX 78404			
			(if travel outside	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	instructions)	
Date	Full name of contributor out-of-state PAC(ID#,)	Amount of	In-kind contribution
08/28/2014	Patricia A. Perez		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		25	
	421 Sharon Dr.			
	Corpus Christi, TX 78412			1
				of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See 1	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of	In-kind contribution
08/27/2014	Lucia G. Acuna	~	contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		60	
The state of the s	15322 Bonassa Ct. No. 604			
	Corpus Christi, TX 78418			
			(If travel outside d	of Texas, complete Schedule T)
Principal occup	eation / Job title (See Instructions)	Employer (See I	nstructions)	
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2 FILER NAME	The state of the s	Oliverdolling to visit the same	3 ACCOUNT # (E	thics Commission Filers)
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4 Date	5 Full name of contributorout-of-state PAC (ID#	j	7 Amount of	8 In-kind contribution
08/27/2014	Rose Harrison		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	
	400 Mann St., Ste 700			Yunania.
	Corpus Christi, TX 78401			X-
D. Dringland accur				of Texas, complete Schedule T)
9 Principal occul	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor 🔲 out-of-state PAC (ID#:_)	Amount of	In-kind contribution
08/27/2014	Margarita G. Porter		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	31 3 8 8 8 31 3 X 8 4	15	
	4301 Nicklaus Ln			
	Corpus Christi, TX 78413			
Principal occur	pation / Job title (See Instructions)	Employer (See 1		of Texas, complete Schedule T)
	, and the second of	Employer (Gee 1	natractions)	
Date	Full name of contributor out-of-state PAC (IC#)	Amount of	In-kind contribution
09/12/2014	Maria C. Salazar		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		40	
	6410 Lakewood Cir.			
	Corpus Christi, TX 78413			
Principal occur	pation / Job title (See Instructions)	Employee (Car)		of Texas, complete Schedule T)
introduction occup	satisfier vota due (oee manucuons)	Employer (See I	irstructions)	The Control Decivion Control of the
Date	Full name of contributor out-of-state PAC(ID#)	Amount of	In-kind contribution
09/06/2014	Isabel Cavazos		contribution (\$)	description (if applicable)
	Contributor address; City: State: Zip Code		50	
en e	6422 Marans			
	Corpus Christi, TX 78414			
Principal occup	pation / Job fitle (See Instructions)	Employer (See I	The state of the s	of Texas, complete Schedule T)
Date	.Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
09/06/2014	Belinda S. Gutierrez		contribution (\$)	description (if applicable)
- Company	Contributor address; City; State; Zip Code		40	
	6525 Miranda Dr.			
n de la companya de l	Corpus Christi, TX 78414			
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
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SCHEDULE A

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2 FILER NAME Mary Heler			3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 09/08/2014	5 Full name of contributorout-of-state PAC(ID#Rolando Barrera 6 Contributor address; City; State; Zip Code 2621 Camargo Corpus Christi, TX 78415)	7 Amount of contribution (\$) 200	8 In-kind contribution description (if applicable)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See		
Date 09/06/2014	Full name of contributor out-of-state PAC (ID#_ Maria C. Salazar Contributor address; City; State; Zip Code 6410 Lakewood Cir. Corpus Christi, TX 78413		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occu	pation / Job title (See Instructions)	Employer (See I		or toxas, complete perieuse 17
Date 09/03/2014	Full name of contributor out-of-state PAC([E#_Anna Salazar Contributor address; City; State; Zip Code 8206 Campodolcino Dr. Corpus Christi, TX 78414		Amount of contribution (\$) 200	In-kind contribution description (if applicable)
Principal occur	pation / Job title (See Instructions)	Employer (See I		or rosas, complete ochequie 1)
Date 09/06/2014	Full name of contributor out-of-state PAC(ID#:_ Belinda S. Gutierrez Contributor address; City; State; Zip Code 6525 Miranda Dr. Corpus Christi, TX 78414)	Amount of contribution (\$) 100	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		Date Same Danielle
Date 09/06/2014	Full name of contributor out-of-state PAC (ID#Clarissa M. Benavides	, , , , , , , ,	Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		A TOTAL CONTROL ()

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SCHEDULE A

Genie Lemley 6 Contributor address; City; State; Zip Code 618 Gulf Shore Corpus Christi, TX 78411 9 Principal occupation / Job title (See Instructions) Date 08/24/2014 Principal occupation / Job title (See Instructions) Date 09/24/2014 Principal occupation / Job title (See Instructions) Date 09/24/2014 Principal occupation / Job title (See Instructions) Date 09/24/2014 Principal occupation / Job title (See Instructions) Date 09/24/2014 Principal occupation / Job title (See Instructions) Date 09/24/2014 Principal occupation / Job title (See Instructions) Date 09/24/2014 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (fi application) Contributor address: City; State: Zip Code 3213 La Rochelle Way Corpus Christi, TX 78414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date 07/04/2014 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (fi application) Contributor address; City: State; Zip Code 31510 Wagon Wheel Tr. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution (sind description (if application) (if traval outside of Texas, complete Schedule (if traval outside of Texas, complete Schedule Date Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Mary Helen Berlanga 4 Date O9/22/2014 5 Full name of contributor out-of-state PACQDE TAmount of contribution (8) description (8 applies of Texas, complete Schedule Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Date O9/24/2014 Principal occupation / Job 8ttle (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description (if applies contributor description (if applies Schedule Contributor address; City: State: Zip Code 3213 La Rochelle Way Corpus Christi, TX 78414 Principal occupation / Job 8ttle (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state ScCDDe One of state ScCDDe One of	The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
O9/22/2014 Genie Lemley 6 centributor address: City: State; Zip Code 618 Gulf Shore Corpus Christi, TX 78411 Date 08/24/2014 Full name of contributor Contributor address; City: State: Zip Code 08/24/2014 Principal occupation / Job title (See Instructions) Date O9/24/2014 Principal occupation / Job title (See Instructions) Date O9/24/2014 Date O9/24/2014 Date O9/24/2014 Date O9/24/2014 Date Principal occupation / Job title (See Instructions) Date O9/24/2014 Date Principal occupation / Job title (See Instructions) Date O7/04/2014 Principal occupation / Job title (See Instructions) Date O7/04/2014 Principal occupation / Job title (See Instructions) Date O7/04/2014 Principal occupation / Job title (See Instructions) Date O7/04/2014 Full name of contributor Contributor address; City: State: Zip Code O7/04/2014 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date O7/04/2014 Full name of contributor Contributor address; City: State: Zip Code O7/04/2014 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code O7/04/2014 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code O8/09/2014 Full name of contributor Contributor address; City: State: Zip Code Contributor address: Ci	2 10 50000 6		A CONTRACTOR OF THE CONTRACTOR	3 ACCOUNT # (E	thics Commission Filers)
Corpus Christi, TX 78411		Genie Lemley 6 Contributor address; City; State; Zip Code		contribution (\$)	8 In-kind contribution description (if applicable)
Date 08/24/2014 Full name of contributor		The state of the s		(If travel outside	of Texas, complete Schedule T)
Name of C. Villarreal Contributor address; City; State: Zip Code 100	9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Pate O9/24/2014 David Berlanga Contributor address; City: State: Zip Code 3213 La Rochelle Way Corpus Christi, TX 78414 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution (fi applica of Texas, complete Schedule of Texas, comple		Homero C.Villarreal Contributor address; City; State; Zip Code 3229 Casa Bonita Dr.)	contribution (\$)	In-kind contribution description (if applicable)
David Berlanga Contributor address; City; State: Zip Code 3213 La Rochelle Way Corpus Christi, TX 78414 Principal occupation / Job title (See Instructions) Date 07/04/2014 Full name of contributor Contributor address; City: State: Zip Code 1510 Wagon Wheel Tr. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) tin-kind contribution description (if applical form) (if travel outside of Texas, complete Schedule form) Date 08/09/2014 Full name of contributor Out-of-state PAC(ID#	Principal occuj	pation / Job title (See Instructions)	Employer (See	(If travel outside of Instructions)	of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Date O7/04/2014 Reece Washington Contributor address; City: State; Zip Code 1510 Wagon Wheel Tr. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution (if applical description (if app		David Berlanga Contributor address; City; State; Zip Code 3213 La Rochelle Way		contribution (\$)	In-kind contribution description (if applicable)
O7/04/2014 Reece Washington Contributor address; City: State; Zip Code 1510 Wagon Wheel Tr. Arlington, TX 76013 Principal occupation / Job title (See Instructions) Date O8/09/2014 Full name of contributor	Principal occuj	pation / Job title (See Instructions)	Employer (See I		or rexas, comprete schedule 1)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Pull name of contributor		Reece Washington Contributor address; City: State; Zip Code 1510 Wagon Wheel Tr.)	contribution (\$) 50	In-kind contribution description (if applicable)
08/09/2014 Kathryn Snapka Contributor address; City; State; Zip Code PO Box 23017 Corpus Christi, TX 78403	Principal occup	pation / Job title (See Instructions)	Employer (See I		rexas, complete scriedule 1)
		Kathryn Snapka Contributor address; City; State; Zip Code PO Box 23017		contribution (\$) 250	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	pation / Job title (See Instructions)	Employer (See I		Company Objection ()

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	iedule A:
2 FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (E	thics Commission Filers)
4 Date 09/04/2014	5 Full name of contributorout-of-state PAC(ID#_Maria Martinez 6 Contributor address; City; State; Zip Code 6506 Miranda Dr. Corpus Christi, TX 78414		7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)
9 Principal occup	oation / Job title (See Instructions)	10 Employer (See		
Date 09/14/2014	Full name of contributor out-of-state PAC (ID#_ Katy Costello Contributor address; City; State; Zip Code 2609 Grand Isle Cir Corpus Christi, TX 78414		Amount of contribution (\$) 20	In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		on the second of
Date 09/15/2014	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	nation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date 09/13/2014	Full name of contributor Dr. Charles A. Votzmeyer Jr. DC Contributor address; City; State; Zip Code 5826 Esplanade Dr, Ste 302 Corpus Christi, TX 78414		Amount of contribution (\$) 500	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 09/13/2014	Full name of contributor		Amount of contribution (\$) 20	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)

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SCHEDULE A

The	Instruction Guide explains how to complete this	s form,	1 Total pages Sch	nedule A:
2 FILER NAME Mary Helen	Berlanga	en de de la companya	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date 09/13/2014	5 Full name of contributorout-of-state PAC (ID#Margarita G. Porter 6 Contributor address; City; State; Zip Code 4301 Nicklaus Ln Corpus Christi, TX 78413		7 Amount of contribution (\$) 40	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		or read, complete contedute 1)
Date 09/15/2014	Full name of contributor out-of-state PAC (IDII:_ Benjamin Bonilla Jr Contributor address; City; State; Zip Code 1625 Ocean Dr. Apt D Corpus Christi, TX 78404		Amount of contribution (\$) 500	In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		7 Toxas, compare occiente (1)
Date 09/13/2014	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 09/11/2014	Full name of contributor		Amount of contribution (\$) 250	In-kind contribution description (if applicable)
Principal occup	eation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date 09/25/2014	Full name of contributor out-of-state PAC(ID#_Bonilla Investments Contributor address; City; State; Zip Code PO Box 5080 Corpus Christi, TX 78465		Amount of contribution (\$) 450	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See II		of Texas, complete Schedule T)
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SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Sch	edule A:	
² FILER NAME Mary Helen	Berlanga		3 ACCOUNT# (E	thics Commission Filers)	
4 Date 08/24/2014	5 Full name of contributor out-of-state PAC (ID#:			8 In-kind contribution description (if applicable) of Texas, complete Schedule T) In-kind contribution description (if applicable)	
	6049 Lemans Dr. Corpus Christi, TX 78414			 of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See I	Instructions)		
Date 08/27/2014	Full name of contributor out-of-state PAC (ID#:_ Alicia V. Galvan Contributor address; City; State; Zip Code 5845 Ocean Dr. Corpus Christi, TX 78412		Amount of contribution (\$) 45	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See	oloyer (See Instructions)		
Date 08/2014	Full name of contributor out-of-state PAC (ID#_Electronic Contributions Contributor address; City; State; Zip Code		Amount of contribution (\$) 330.42	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)	
Date 08/2014	Full name of contributor out-of-state PAC (ID#:_American Bank Contributor address; City; State; Zip Code PO Box 6459 Corpus Christi, TX 78466		Amount of contribution (\$) 12.50	In-kind contribution description (if applicable)	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		

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SCHEDULE A

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The	Instruction Guide explains how to complete this	form.	1 Total pages Sche	edule A:
2 FILER NAME			3 ACCOUNT # (Ef	thics Commission Filers)
Mary Helen	Berlanga			
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of	8 In-kind contribution
08/2014	American Bank Refund		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		40.25	
	PO Box 6459		i	
	Corpus Christi, TX 78466		(If travel outside of	of Texas, complete Schedule T)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See I	Instructions)	
Date	Full name of contributor uut-of-state PAC (ID#:		Amount of	In-kind contribution
07/08/2014	GV Thamaravelil		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		1000	
p	221 Poe Esta			
R	Portland, TX 78374		İ	
				of Texas, complete Schedule T)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor ut-of-state PAC (ID#:_		Amount of	In-kind contribution
07/03/2014	Margret Banales		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		50	
	3134 Seven Trees Dr.			
	Corpus Christi, TX 78410			
Principal accur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Fillicipal occup	Dation / Job title (See Instructions)	Employer (See I	mstructions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
07/03/2014	South Texas Retina Consultants LLP		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		500	
	5540 Saratoga Blvd.			
	Corpus Christi, TX. 78413			
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
			mod dodono,	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
07/09/2014	Benjamin, Jr. Bonilla			description (if applicable)
	Contributor address; City; State; Zip Code		100	
	1525 Ocean Dr. Apt. D			
	Corpus Christi, TX 78404			
Principal occur	pation / Job title (See Instructions)	Employer (See	Action complete Advances and a second	of Texas, complete Schedule T)
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PLEDG	ED CONTRIBUTIONS			SCHEDULE B
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sche	edule B:
2 FILER NAME Mary Hele	en Berlanga		3 ACCOUNT # (Et	hics Commission Filers)
4 TOTA	AL OF UNITEMIZED PLEDGES:	$\Rightarrow \Rightarrow \Rightarrow$	$\Rightarrow \Rightarrow$	\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Code	т т т ч рот в остага 6	(If trough outside a	of Texas, complete Schedule T)
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See I		in lexas, complete scriedule 1)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
			(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
14 morpar occu	pation / Job title (Gee mat deliche)	Employer (See 1	risti detioris)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	16.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
Delegation		T = 1 %	and the second s	of Texas, complete Schedule T)
Frincipal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
If c	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see instr			requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
² FILER NAME Mary Helen	Berlanga		3 ACCOUNT # (Ethics Commission Filers)
4 ТОТА	L OF UNITEMIZED LOANS: □) D D D D	⇒ \$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	
6 Is lender a financial Institution?	8 Lender address; City; State; Z	(ip Code	10 Interest rate
Y N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	15 Check if personal funds were	deposited into political account
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
18 Guarantor address; City; State; Zip Code			
20 Principal Occupat	on (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State; 2	Zip Code	Interest rate
YN			Maturity date
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were	deposited into political account
none			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation (See Instructions) Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation// Food/Beverage Expense Travel In Di Polling Expense Travel Out Printing Expense Office Over	ages/Co Fundra istrict Of Dist rhead/R	ontract Labor ising Expense rict lental Expense	Loar Tran Cont C OTH	n Repayment/Reimbursement isportation Equipment & Related Expens tributions/Donations Made By andidate/Officeholder/Political Committ IER (enter a category not listed above)	
	The Instruction Guide explains he	ow to	complete this for	rm.		
1 Total pages Schedule F:	2 FILER NAME Mary Helen Berlanga				3 ACCOUNT # (Ethics Commission Fil	ers)
4 Date	5 Payee name					
08/05/2014	Foil Creations					
6 Amount (\$)	7 Payee address; City; State; Zip Co	ide				T E
270.63	4531 Ayers St. Ste, 220, Corpus	Chris	sti, TX 7841	5		
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule	e)	Nation Victoria della constituta della c		vel outside of Texas, complete Schedule T)	
EXPENDITURE	Event		invitation	15		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH Mary Helen Berlanga	+	Office sough		Office held	1+1
Date 08/08/2014	Payee name Foil Creations					
Amount (\$)	Payee address; City; State; Zip Co	ode				
12.99	4531 Ayers St. Ste, 220, Corpus (Chris	ti, TX 78415	5		
PURPOSE	Category (See categories listed at the top of this schedule	e)	Description	(If tra	vel outside of Texas, complete Schedule T)	-
OF EXPENDITURE	Event		invitation	าร		
Complete ONLY if direct	Candidate / Officeholder name		Office sough	nt	Office held	
expenditure to benefit C/	^{OH} Mary Helen Berlanga	+	County Judge	ı	none none	#
Date	Payee name					
08/29/2014	Time Warner					
Amount (\$)	Payee address; City; State; Zip Co	de				
10108	4060 SPID, Corpus Christi, TX 78	411				
PURPOSE	Category (See categories listed at the top of this schedule	e)	Description	(If tra	vel outside of Texas, complete Schedule T)	-
OF EXPENDITURE	Advertising		TV ad			
Complete ONLY if direct	Candidate / Officeholder name		Office sough		Office held	
expenditure to benefit Ci	^{OH} Mary Helen Berlanga		County Judge)	none none	
Date	Payee name					
09/04/2014	Hammons Education Leadership) Pro	grams (HEL	LP)		
Amount (\$)	Payee address; City; State; Zip Co		3			
500	4833 Saratoga Blvd. 447, Corpus	Chri	sti, TX 7841	3		
PURPOSE	Category (See categories listed at the top of this schedule	e)	Description	(If tra	vel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Contribution		educatio		Conscioles experient deligned and compagnition experiences.	
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name (OH) Mary Helen Berlanga		Office sough County Judge		Office held	
	ATTACH ADDITIONAL COPIES OF	_				Et .
	AT IACHADDITIONAL COPIES OF	11112	SCHEDULE AS	NEE	:UEU	

POLITICAL EXPENDITURES

SCHEDULE F

	EVDENDITUDE CAT	CODIFERENDO		
Advertising Expense Accounting/Benking Consulting Expense Event Expense Fees	Gilt/Awards/Memonals Expense Salar Legal Services Solio Food/Beverage Expense Trave Polling Expense Trave	EGORIES FOR BOX 8(a res/Wages/Contract Labor itation/Fundraising Expense of In District of Out Or District of Overhead/Rental Expense tins how to complete this f	Loan Repayment/F Transportation Equ Contributions/Dona Candidate/Offic OTHER (enter a ca	ipment & Related Expense
1 Total pages Schedule F	² FILER NAME Mary Helen Berlanga			# (Ethics Commission Filers)
4 Date 09/05/2014	5 Payeename Jose Rosas		- L	- Control Security
6 Amount (\$) 1000	7 Payee address: City: State: 24677 Central Circle, Brownsvi			
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top or this: Advertising	(b) Description Signs	n (If travel outside of Texa	is, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C		Office sour	ght	Office held
Date 08/27/2014	Payee name The Town Club	The second secon		
Amount (\$) 3093.86	Payee address: City; State; 2 800 N Shoreline Blvd. 6th Flor		X 78401	i i
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this a		sing dinne	s, complete Schedule T) r & style show
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office soug	-	Office held
Date	Payee name El Tejano			
Amount (\$) 450	Payee address: City; State; z 2505 Sarita St. Corpus Christi, TX 78405	ip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the rop of this s Advertising	chedule) Description Full Pag	r (iftravel outside or Texa De Ad	s, complete Schedule ₹)
Complete <u>CIVLY</u> if direct expenditure to benefit CA	Candidate / Officeholder name	Office soug	int.	Office held
Date 07/22/2014	Payee name Nueces County Democratic (Campaign Party		
Amount (\$) 200	Payee address; City: State: Z 823 N. Tancahua Corpus Christi, TX 78401			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this st		(If travel outside of Texas	, complete Schedule T)
Complete <u>CNLY</u> if direct expenditure to benefit C		Office sough	, ,	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	NEEDED	

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGOR Gift/Awards/Memorials Expense Salaries/Wag	65/Contract Labor	a) Loan Repayment	/Rembursement
Accounting/Banking Consulting Expense		Solicitation/Fundraising Expense 1		upment & Related Expense
Event Expense	Poiling Expense Travel Out 0:	f District	Contributions/Dor Candidate/Off	nations Made By logholder/Political Committee
Fees	Printing Expanse Office Overholds	ead/Rental Expanse with complete this f	OTHER (enter a	category not listed above)
Total pages Schedula F.	2 FILER NAME	e to somplete title :		T # (Ethics Commission Filers)
	Mary Helen Berlanga			2
1 Date 07/01/2014	5 Paysename Scooter Promo Advertising			2
5 Amount (\$)	7 Payee address; City; Slate; Zip Code			
180	5801 Corsica Rd Corpus Christi, TX 78414			
B PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description	n (iftraveloutside of Te	(as, complete Schedule T)
OF EXPENDITURE	Advertising			ard hanger
Complete <u>ONLY</u> if direct expenditure to benefit Cr	Candidate / Officeholder name OH	Office soug		Office held
Date	Payee name	A PORTION OF THE PROPERTY OF T		
08/2014	Electronic Payment			
Amount (\$)	Payee address: City; State; Zip Code	3		
98				
PURPOSE	Catagony			
OF	Category (See categories listed at the top of this schedule)	Description	1 (If travel outside of Tex	as, complete Schedule T)
EXPENDITURE				
Complete <u>QNLy</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office soug	ht	Office held
Date	Payes name		700000000000000000000000000000000000000	
Amount (\$)	Payee address; City; State; Zip Code			
(0)	Payee address; City; State: Zip Code			
		£1		
PURPOSE	Category (See categories listed at the top of this schedule)	Description	I (littravel outside of Tax	as, complete Schedule T)
OF EXPENDITURE				
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office soug	ht	Office held
Date	Рауее пате		and the second s	
Amount (\$)	Payee address; City: State: Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(li travel outside of Tex-	as, camplete Schedule T)
OF EXPENDITURE			TOTAL TRANSPORT OF TRANS	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sough	ıt	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDIN FAC	NEEDED	
w.ethics state ty us			1 V has her her his held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATE	GORIES	FOR BOX 8(a)		and the second s
Advertising Expense	Gift/Awards/Memorials Expense Salarie	es/Wages/Co	ontract Labor	Loan Repayment/Reimburser	ment
Accounting/Banking			ising Expense	Transportation Equipment & F	Related Expense
Consulting Expense		In District		Contributions/Donations Mad	e By
Event Expense	A STATE OF THE PROPERTY OF THE	Out Of Dist		Candidate/Officeholder/Po	
Fees				OTHER (enter a category no	t listed above)
	The Instruction Guide explain	ns how to	complete this for	m.	
1 Total pages Schedule H:	2 FILER NAME			3 ACCOUNT # (Ethics	Commission Filers)
				20 10 10	*
4 Date	5 Business name				
6 Amount (\$)	7 Business address; City; State; Zi	p Code			
8 PURPOSE	(a) Category (See categories listed at the top of this so	:hedule)	(b) Description (If travel outside of Texas, complete	Schedule T)
OF EVEN DITUE				•	Tables (1995) 4189 y 45e (10 € ()
EXPENDITURE					
9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Offi	ice held
expenditure to benefit C/C	Mary Helen Berlanga	1000			
	Mary Heleft Delianga	#	County Judge	none none	E4
Date	Business name				
Amount (\$)	Business address; City; State; Zi	n Codo			
, another (b)	business address, City, State, Zi	p Code			
PURPOSE	Category (See categories listed at the top of this sc	hedule)	Description (If travel outside of Texas, complete	Schedule T)
OF EXPENDITURE	9				,
EXPENDITURE					
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Offi	ice held
expenditure to benefit C/C	^H Mary Helen Berlanga		County Judge	E none	
	That y Troid I Dollariga	janj ,	County studge	none none	+
Date	Business name				
Amount (\$)	Business address; City; State; Zi	n Code			
•••	The state of the s	p oode			3 9 8
DIDDOOR	Catagony (See estate de l'ata de la				
PURPOSE OF	Category (See categories listed at the top of this so	hedule)	Description (If travel outside of Texas, complete	Schedule T)
EXPENDITURE					
	L		L		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Offi	ice held
expenditure to benefit C/C	^H Mary Helen Berlanga		County Judge	■ none	+
8.1					633
Date	Business name				
Amount (\$)	Business address; City; State; Zi	o Code	***************************************	The second secon	
5: 5:	() () () () () () () () () ()	J 0000			
DUDDOOF	Category (See estagosias listed at the tax of this are	Landa da V	T 5		
PURPOSE OF	Category (See categories listed at the top of this sc	nedule)	Description (If travel outside of Texas, complete	Schedule T)
EXPENDITURE					
	L		1		
Complete ONLY if direct	Candidate / Officeholder name		Office sought	Offi	ce held
expenditure to benefit C/C	HMary Helen Berlanga		County Judge	m none	+
	ATTACH ADDITIONAL COPIES				
	AL INCLINDULIONAL COPIES	OF IMIS	OCHEDULE AS N	NEEDED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

	The Instruction Guide explains how	
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	я
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	i i
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST EARNED, OTHER CREDITS/GAINS/ REFUNDS, AND PURCHASE OF INVESTMENTS

SCHEDULE K

Th	e Instruction Guide explains how to complete this form.	1 Total pages Sche	edule K:
2 FILER NAMI		3 ACCOUNT # (Et	hics Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code		
	7 Purpose for which execute is reasoned.		
	7 Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
=	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
			ri .
	Purpose for which amount is received		
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code		
	Purpose for which amount is received		
8	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC COH-T PAC-C PAC-E 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC СОН-Т PAC-C PAC-E Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule A Schedule B Schedule C Schedule D Schedule F Schedule G Schedule H Schedule N COH-UC COH-T PAC-C PAC-E Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••
C/OH	NAME 2 ACCOUNT # (Ethics Commission Filer
SIGN	ATURE
l do no	expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating
or mak	s a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contribution any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••
A.	CAMPAIGN FUNDS
Che	k only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
В.	ASSETS
Che	k only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
	DEHOLDER plete this section only if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder